## 

DECL	ARATION.	AND	POWER	OF	ATTORNEY
FOR	PATENT 8	PPI IC	MOLTA		

ATTORNEY	DOCKEY	NO 4	10020	7474
~	DOCKE!		·UUZU	

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

With teater recibest office	e address and citizensinh are	: (13 S(BRIED OUB) FIEX	t to my man.,
	ral names are listed below) (		sted below) or an original, first which is claimed and for which
VARIABLE-FUNCTION O	R MULTI-FUNCTION APPAI	RATUS AND METHOL	os
the specification of which	ch is attached hereto unless	the following box is a	:hecked:
•	as US App	-	
Number		ded on	
including the claims, as		nt(s) referred to abou	e above-identified specification, ve. I acknowledge the duty to CFR 1.56.
Foreign Application(s) and/or (	Claim of Foreign Priority		
inventorial conflicate listed be		any foreign application for	any foruigh application(s) for patent or patent or patent or inventor(s) certificate having
COLMTRY	APPLICATION MIMULE	DATE FILED	PRIDRITY CLAMED UNDER 35 U.S.C. 119
			YES: NO:
			162. NO.
Provisional Application			
I hereby claim the bonefit und balow.	ler Title 35, United States Code Sc	ection 110(e) of any United	d States provisional application(a) listori
Г	APPLICATION NUMBER	PILING DATE	
ſ			
U. S. Priority Claim			
			States applicationis) listed below and, a puor United States application in the
			lelistem esolatib at you est egbelwan
	37. Cody of Federal Regulations, 5 r PCT international filing date of this		raise of the ass galifi ant necessed borr
APPLICATION NUMBER	FILMG DATE	STATUS	[ اینبر در اینها و این در اینها و در اینها و از در اینها و
		<u> </u>	
POWER OF ATTOMNEY:		lah an 46-a anan 46-h as mana	anne shi
	odemark Office commeted therewith		ecute this opplication and transact all
		Place Customer	<b>-</b> 1
Customer	Number 022879	Number Res Cade	
		Lohel line	
Sond Correspondence to: HEWLETT-PACKARD CO		Direct Tolepho	ne Calts To:
intellectual Property Adm		Dovid M. Mins	on
P.O. Box 272400 Fort Colling, Coloredo 80	P.O. Box 272400 (ADR) 487,4046		
FOR COMPS, COIORROD 80	3327-2400		· · · · · · · · · · · · · · · · · · ·
I hereby declare that a	ll statements made herein of	my own knowledge	are true and that all statements
made on information a	ind belief are bolioved to bo	e true; and further tha	ot these statements were made
with the knowledge to	that willful false statements under Section 1001 of Title	s and the like som e 18 of the United St	ado are punishable by fine or ates Code and that such willfu
false statements may j	eopardize the validity of the	application or any pate	ent issued thereon.
Full Name of Inventor: Yar	ncy T. Chen	Citizenship: T	niwan R.O.C.
Residence: 64	19 Ginden Drive		
Post Office Address: Ci	empbell, CA. 95008		
Yang y	Chen	Feb 2.	5, 2007
The state of the s		epit 0	
tige IChilet MacCarib	(Use Page Two For Additional Inves		Page 1 of 2

DECLARATION	AND POWER	OF ATTORNEY
FOR PATENT A	PPLICATION	(continued)

ATTORNEY DOCKET NO. 100201717-1

Full Name of # 2 joint inventor:	Elizaboth B. Diaz	Citizonship: U.S.
Residence:	625 West Glen Way	
Post Office Address:	Woodside, CA. 94062	
Cleaning Signature	21	2/21/02
Invarior s Signature	<del></del>	Date
Full Name of # 3 joint inventor:	David R. Smith	Citizenship: U.S.
Residence:	3100 Erin Lane	
Post Office Address	Santa Cruz, CA. 95065	
Dul ld. S	$\mathcal{M}$	7/3//03
hivontor's Signature		Dato
Full Name of # 4 joint inventor:	Michael C. Ip	Citozonship: U.S.
Residence:	460 Lower Vintners Circle	
Post Office Address:	Fremont, CA. 94539	
Inventor 5 Signature	0/2	2/24/02
MACHINAL 2 CHRISTIAN		Dete
TOTAL AREAL .	P	11.0
Full Name of # 5 joint leventers	Peter Lee	Critizenship: U.S.  C7. SAN JOSE CA 9512.7
Residence:	3243 >630VIA	C1. SAN JOSE CA 9512.7
Post Office Address:		/ /
Inventor's Signature		2/2i/02 Date
-		Pula
Full Name of # 6 joint inventor		Chinanahia
·		Chizenthip:
Rosidonco:		
Post Office Address		
hiventor's Signature		Date
Full Name of # 7 joint inventor	r:	Citizonship:
Residence:		
Post Office Address:		
7 071 07110071007		
Inventor's Signature		Date
Full Name of # 8 joint invento	or;	Citizonship:
Residence:		
Post Office Address:		
Inventor's Signature		Date